

NORTHAMPTON CITY COUNCIL
FIREWORKS DISPLAY PERMIT

Applicant: Northampton Center for the Arts

Address: P.O. Box 366, Northampton, MA 01061

Telephone Number: (413) 584-7327

Date & Time of Display: 12/31/2014 RD 1/1/2015 6:15pm

Location of Display: E. J. Gare Parking Garage Roof, Armory Street

Owner of Location: City of Northampton

Estimated Length of Display: 10 Minutes

Operator(s) Of Display: Russell Benjamin, Pyrotecnico, P.O. Box 149, New Castle, PA 16103 (PY-001012 Exp. 1/14/2015)

Type of Display: Aerial 1.4 G (Class C) Fireworks Display

Fire Department Permit Received (Date): Oct. 10, 2014

FOR CITY COUNCIL USE ONLY

Date of Application: Oct. 10, 2014

Submitted to City Council: November 20, 2014

Approved by City Council: _____

Conditions or
Restrictions: _____

The applicant is required to publish notice of the fireworks display in a newspaper of general circulation in the city at least one (1) week prior to the date of the display. Notice must also be given on a local radio station at least once during the week preceding the display. Notify the Council Clerk of the dates of advertisements. Failure to advertise or notify Clerk shall result in revocation of this permit.

Newspaper: _____ Date: _____

Radio: _____ Date: _____

Clerk to the City Council



Penny Burke
Executive Director

5 Strong Avenue

PO Box 366

Northampton, MA 01061

Phone: 413/584-7327

Email: ncfa@nohoarts.org

www.nohoarts.org



FP-27

The Commonwealth of Massachusetts
Executive Office of Public Safety & Security
 Department of Fire Services
 P.O. Box 1025 ~State Road
 Stow, Massachusetts 01775
 (978) 567-3100 Fax: (978) 567-3199



Application/Permit for Supervised Display of Fireworks

This form shall be used as the application and permit for all supervised display of fireworks in the Commonwealth of Massachusetts.

A copy of this application and required documentation must be submitted to the head of the local fire department at least twenty (20) days in advance of the proposed date of display as required by 527 CMR 2.04(4)(b).

Required Documentation to be Submitted

- ☒ Diagram/site plan showing points where fireworks are to be discharged, location/distance to the audience, buildings, highways, overhead obstructions, etc. (handwritten maps are not acceptable; Maps must be Google, Bing, GIS)
- ☒ The number and description of the fireworks/pyrotechnics including the diameter of the shells.
- ☐ A copy of the natural barrier letter from the State Fire Marshal's Office. (if applicable) - *N/A*
- ☐ FAA, Coast Guard, or other agency approvals/notifications - *N/A*

One copy of this form and required documentation must be forwarded by the Head of the Fire Department to the State Fire Marshal (by email dfs.licensing@state.ma.us, fax, or mail) not later than five (5) days after receipt of said application as required by 527 CMR 2.04 (4)(c)(11).

Name of Sponsor: Northampton Center for the Arts Phone #: 413.584.7327
 Address of Sponsor: P. O. Box 366 Northampton, MA. 01061
 Location of Display (GPS coordinates): Roof of E. John Gare Parking Garage; 42° 19' 4.74" N / 72° 37' 48.06" W
 Nearest GPS Street Address to display set up: 85 Hampton Avenue
 Date Show is to be Held: December 31, 2014 From: 6:15 pm a.m. / p.m. to: 7:00 pm a.m. / p.m.
 Rain Date (if applicable): January 01, 2015 From: 6:15 pm a.m. / p.m. to: 7:00 pm a.m. / p.m.
 Fireworks/Special Effects Company: Pyrotechnico Phone #: 800.458.4656
 Current Users Certificate Number: PY-001012 Date of Expiration: 01/14/2015
 Name of Competent Operator: Russell Benjamin
 Certificate of Competency #: FW-000200 Expiration Date: 03/26/2015
 Company Supplying Fireworks: (if different from applicant user certificate listed above): _____

Application/Permit for Supervised Display of Fireworks

Manner and Location of Storage of Fireworks Prior to Display:

Fireworks to be stored in our approved magazines prior to the display; will be stored in our D.O.T. approved and placarded vehicle on the day of the display.

Signature of Competent Operator:

T.P. Bryan

Date: September 17, 2014

I hereby certify that the competent operator named above has my approval and that in my opinion, the display described will be of such character, so located, discharged or fired as not to be hazardous to property or to endanger any person or persons. (G.L. Chapter 148, §39A)

- ☐ There are no changes to the natural barrier approval (no new developments, etc...)

Restrictions:

Chief Officer required on site upon the arrival of product and engine company required for the display

Signature of Head of Fire Department:

B.P. [Signature]

Date: Sept 29 2014

This permit will expire at midnight on _____

One copy of this form must be forwarded to the State Fire Marshal (electronically, mail or fax) no more than five (5) days after receipt of said application by the head of the fire department as required by 527 CMR 2.04 (4)(c)(11).

For Fire Department Use Only

Before the Show

- ☐ Review DEP advisory on perchlorates
- ☐ Verify active license and company information at www.mass.gov/dfs (License Lookup)

Day of Show

- ☐ Pre show site inspection: Establish secured area with a suitable barrier such as snow fencing or equivalent (caution tape is not sufficient). Natural barriers, as approved by SFMO, have not changed. Secured area must be established and maintained from the arrival of the fireworks until the completion of the display.
- ☐ If using racks, determine that the rack placement conforms to the approved site.
- ☐ Check racks for correct spacing and stability. Check angling of mortars.
- ☐ If not using racks, determine that mortar tubes are sufficiently buried. Check angling of mortars.
- ☐ Determine weather and wind conditions just prior to display. If necessary conduct a test shot.
- ☐ All fireworks shall be fired electrically.

Following the Show

- ☐ A competent operator must ensure a search is made for any unignited shells and related materials immediately following the display and at the first available daylight.
- ☐ Upon completion of the search, a competent operator shall report all findings to the head of the local fire department.



Google earth



HEADQUARTERS

P.O. Box 149
New Castle, PA 16103

OFFICE
724. 652. 9555

TOLL FREE
800. 854. 4705

FAX
724. 652. 1288

WEB
www.pyrotecnico.com

EMAIL
info@pyrotecnico.com

U.S. LOCATIONS

Atlanta, GA	Montgomery, AL
Auburn, NY	New Castle, PA
Dallas, TX	New Orleans, LA
Fort Lauderdale, FL	Saluda, SC
Jaffrey, NH	Tampa, FL
Las Vegas, NV	Vineland, NJ

Pyrotecnico Display Inventory

Northampton Center for the Arts – 1.4G (Class C) Fireworks Display – December 31, 2014

Approximately eighty (80) modular box units – 1.4G / Class C / "Cakes" - fireworks products – not to exceed 500 grams explosive weight

NO Ground Set Pieces



The Commonwealth of Massachusetts
Department of Fire Services
Pyrotechnic User Certificate
PY-001012

This is to certify that in accordance with all Massachusetts laws and regulations a
Pyrotechnic User Certificate is hereby issued to:

Expiration Date: 01/14/2015

Restrictions or Secondary License Type:

**S. Vitale Pyrotechnic Ind. Inc. d/b/a/
Pyrotechnico
PO Box 149
New Castle PA 16103**

State Fire Marshal

A handwritten signature in black ink, appearing to read "Stephen D. Carr", written over the printed title "State Fire Marshal".

Post in a conspicuous place. Verify the status of this Certificate at www.mass.gov/dfs



The Commonwealth of Massachusetts

Department of Fire Services

Permit to Transport Fireworks

TF-004053

This is to certify that in accordance with all Massachusetts laws and regulations a
Permit to Transport Fireworks is hereby issued to:

Expiration Date: 07/25/2015

Restrictions or Secondary License Type:

S. Vitale Pyrotechnic Ind. Inc. d/b/a/

Pyrotecnico

PO Box 149

New Castle PA 16103

State Fire Marshal

A handwritten signature in black ink, appearing to read "Stephen D. Conner".

Post in a conspicuous place. Verify the status of this Certificate at www.mass.gov/dfs

Department of Fire Services

FW-000200

Fireworks Certificate of Competency

Russell P. Benjamin
4 Burrington Street
PO Box 288
Jaffrey NH 03462



Expiration Date
03/26/2016

State Fire Marshal

State Fire Marshal

Failure to comply with Massachusetts General Laws
relative to the issuance of this license may be cause for
revocation. Refer to: www.mass.gov/dfs
If found, please return to Massachusetts Department of Fire Services,
State Road, P.O. Box 1025, Stow MA 01775

Use of this license is restricted by 827 CMR to:



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/13/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
MCGRIFF, SEIBELS & WILLIAMS, INC.
P.O. Box 10265
Birmingham, AL 35202

CONTACT
NAME: Melanie Allen
PHONE
(A/C, No, Ext): 800-476-2211 FAX
(A/C, No):
E-MAIL
ADDRESS: mail@mcgriff.com

INSURED
S. Vitale Pyrotechnic Industries, Inc. dba Pyrotechnico
P.O. Box 149
New Castle, PA 16103

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: RLJ Insurance Company		13056
INSURER B: James River Insurance Company		12203
INSURER C: Calin Specialty Insurance Company		15989
INSURER D: See Below		
INSURER E:		
INSURER F:		

COVERAGES

CERTIFICATE NUMBER: EX3QSDKG

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WYD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			000292806	01/14/2014	01/14/2015	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000 Policy Aggregate: \$ 5,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> Tdr InterChg <input type="checkbox"/> \$1m			LFT0012742	01/14/2014	01/14/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Comp. \$2500 deductible Coll. \$2500 deductible
B	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTIONS			000292826	01/14/2014	01/14/2015	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	H/A	738720960407-California Ins. Co 738720960406-Continental Indemnity Co. (Blanket Waiver of Subrogation Inc'd)	08/07/2013	08/07/2015	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	EXCESS UMBRELLA COVERAGE			XSA2002600115	01/14/2014	01/14/2015	XS Underlying \$4, Mil \$ 5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Fireworks Display Date: December 31, 2014 / Rain Date: January 1, 2014

Location: Roof of E. John Gare Parking Garage - Armory Street Northampton, MA

Northampton Center for the Arts - City of Northampton, Massachusetts - E. John Gare Parking Garage.

The above listed are Additional Insured respects to General Liability policy as required by written contract subject to policy terms, conditions and exclusions.

The Certificate Holder is Additional Insured with respect to General Liability as required by written contract.

CERTIFICATE HOLDER

Northampton Center for the Arts
PO Box 366
Northampton, MA 01061

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Paul B. Liosiel

LICENSE OR PERMIT BOND

KNOW ALL MEN BY THESE PRESENT:

That we, S. Vitale Pyrotechnic Ind. Inc., dba Pyrotecnico
 as Principal, and Hartford Fire Insurance Company, a corporation organized under the laws of the
 State of CT with its principal office in the City of Hartford as Surety, are held and firmly bound unto
The Commonwealth of Massachusetts P O Box 1025 Slow, MA 01775 as Obligor,
 in the full penal sum of Fifteen Thousand Dollars and 00/100 Dollars
 (\$ 15,000.00), lawful money of the United States, for the payment of which, well and truly to be made, we
 bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

WHEREAS, the above bounden Principal has obtained or is about to obtain from the said Obligor a license or permit
 for Discharging, Firing-Off, Exploding or Displaying Fireworks at any Public Exhibition or Exhibitions

_____ ; and the term of said license or permit is as indicated opposite
 the block checked below:

- ☐ Beginning the _____ day of _____, and
 ending the _____ day of _____
- ☒ Continuous, beginning the 1st day of February, 2011

WHEREAS, the Principal is required by law to file with The Commonwealth of Massachusetts

a bond for the above indicated term and conditioned as hereinafter set forth.

NOW, THEREFORE, THE CONDITION OF THIS OBLIGATION IS SUCH, That if the above bounden Principal as such
 licensee or permittee shall indemnify said Obligor against all loss, costs, expenses or damage to it caused by said Principal's
 non-compliance with or breach of any laws, statutes, ordinances, rules or regulations pertaining to such license or permit
 issued to the Principal, which said breach or non-compliance shall occur during the term of this bond, then this obligation shall
 be void, otherwise to remain in full force and effect.

PROVIDED, that if this bond is for a fixed term, it may be continued by Certificate executed by the Surety hereon; and

PROVIDED FURTHER, that regardless of the number of years this bond shall continue or be continued in force and of
 the number of premiums that shall be payable or paid, the Surety shall not be liable hereunder for a larger amount, in the
 aggregate, than the amount of this bond, and

PROVIDED FURTHER, that if the Surety shall so elect, this bond may be cancelled by the Surety as to subsequent
 liability by giving thirty (30) days notice in writing to said Obligor.

Signed, sealed and dated this 1st day of February, 2011

S. Vitale Pyrotechnic Ind. Inc., dba Pyrotecnico (SEAL)

_____ (SEAL)



Hartford Fire Insurance Company
 By Mark W. Edwards, II
 Mark W. Edwards, II Attorney-In-Fact

POWER OF ATTORNEY

Direct Inquiries/Claims to:

THE HARTFORD

BOND, T-4

One Hartford Plaza

Hartford, Connecticut 06155

call: 888-266-3488 or fax: 860-757-5835

Agency Code: 21-260036

KNOW ALL PERSONS BY THESE PRESENTS THAT:

- ☒ Hartford Fire Insurance Company, a corporation duly organized under the laws of the State of Connecticut
- ☒ Hartford Casualty Insurance Company, a corporation duly organized under the laws of the State of Indiana
- ☒ Hartford Accident and Indemnity Company, a corporation duly organized under the laws of the State of Connecticut
- ☐ Hartford Underwriters Insurance Company, a corporation duly organized under the laws of the State of Connecticut
- ☐ Twin City Fire Insurance Company, a corporation duly organized under the laws of the State of Indiana
- ☐ Hartford Insurance Company of Illinois, a corporation duly organized under the laws of the State of Illinois
- ☐ Hartford Insurance Company of the Midwest, a corporation duly organized under the laws of the State of Indiana
- ☐ Hartford Insurance Company of the Southeast, a corporation duly organized under the laws of the State of Florida

having their home office in Hartford, Connecticut, (hereinafter collectively referred to as the "Companies") do hereby make, constitute and appoint, up to the amount of unlimited:

R. E. Daniels, Shelby E. Daniels of Pensacola, FL; Robert M. Verdin of Metairie, LA; Robert Read Davis of Atlanta, GA;
Mark W. Edwards II, Jeffrey M. Wilson, Ronald B. Gladstoch,
Alisa B. Pounders, Robert R. Freal, Evondia H. Woessner of Birmingham, AL

their true and lawful Attorney(s)-in-Fact, each in their separate capacity if more than one is named above, to sign its name as surety(ies) only as delineated above by ☒, and to execute, seal and acknowledge any and all bonds, undertakings, contracts and other written instruments in the nature thereof, on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

In Witness Whereof, and as authorized by a Resolution of the Board of Directors of the Companies on January 22, 2004 the Companies have caused these presents to be signed by its Assistant Vice President and its corporate seals to be hereto affixed, duly attested by its Assistant Secretary. Further, pursuant to Resolution of the Board of Directors of the Companies, the Companies hereby unambiguously affirm that they are and will be bound by any mechanically applied signatures applied to this Power of Attorney.



Scott Sadowsky

Scott Sadowsky, Assistant Secretary

M. Ross Fisher

M. Ross Fisher, Assistant Vice President

STATE OF CONNECTICUT

ss. Hartford

COUNTY OF HARTFORD

On this 3rd day of March, 2008, before me personally came M. Ross Fisher, to me known, who being by me duly sworn, did depose and say: that he resides in the County of Hartford, State of Connecticut; that he is the Assistant Vice President of the Companies, the corporations described in and which executed the above instrument; that he knows the seals of the said corporations; that the seals affixed to the said instrument are such corporate seals; that they were so affixed by authority of the Boards of Directors of said corporations and that he signed his name thereto by like authority.



CERTIFICATE

Scott E. Paseka

Scott E. Paseka
Notary Public

My Commission Expires October 31, 2012

I, the undersigned, Assistant Vice President of the Companies, DO HEREBY CERTIFY that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which is still in full force effective as of February 1, 2011.
Signed and sealed at the City of Hartford.



Gary W. Stumper

Gary W. Stumper, Assistant Vice President